

Medication Authorization Form

Prescription and Nonprescription Medication

Camper(s) may self-administer medication during camp hours as long as this form has been completed and returned to the camp staff. The director or assistant director will supervise the self-administering of medication by the camper(s). The adult dropping off the camper in the morning should give all medications and this completed form to the director or assistant director.

Prescription medication must be provided to the camp in the original pharmaceutical container bearing a pharmacy label which shows the prescription number, date filled, expiration date, prescribing physician's name, patient's name, name of medication, and directions for taking medication.

Nonprescription medication must be provided to the camp in its original container. Please label it with the camper's name. (Physician's signature not needed for nonprescription medications.)

Camper's Name: _____ Date: _____

Name of Medication: _____

Reason for Medication: _____

Amount of Dosage: _____

Time of Dosage(s): _____

Days/Dates to be taken: _____

Known Side Effects/Toxic Effects: _____

Physician's Printed Name: _____ Phone Number: _____

Physician's Address: _____

▶▶ Physician's Signature: _____ Date: _____

(Physician's signature not needed for nonprescription medications)

My child has already had at least one dose of the above medication, and has not had any negative reactions. Date of first dose: _____

Parent's Printed Name: _____ Phone Number: _____

▶▶ Parent's Signature: _____ Date: _____

